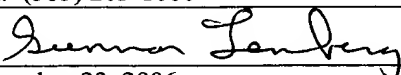


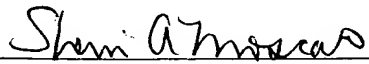


2700  
AF

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/545,577
	Filing Date	April 7, 2000
	First Named Inventor	Jeff B. Pelz
	Group Art Unit	2612
	Examiner Name	James M. Hannett
Total Number of Pages in This Submission		Attorney Docket Number 1819/100071

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$ _____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$ _____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> A check in the amount of \$ _____ <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Gunnar G. Leinberg, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1014 Fax: (585) 263-1600
Signature	 Registration No. 35,584
Date	December 22, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____	
December 22, 2006 Date	 Signature Sherri A. Moscato Typed or printed name

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  <h2 style="text-align: center;">FEE TRANSMITTAL FOR FY 2005</h2>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>TOTAL AMOUNT OF PAYMENT</b> (\$0)         </div>		Application Number	09/545,577
		Filing Date	April 7, 2000
		First Named Inventor	Jeff B. Pelz
		Examiner Name	James M. Hannett
		Art Unit	2622
		Attorney Docket No.	1819/100071

**METHOD OF PAYMENT** (check all that apply)

☒ Check/Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account   
 Deposit Account Number: 14-1138   
 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**    42 - 46 = 0    **Extra Claims**    0 x \$25 = \$0    **Fee Paid (\$)**    \$0

HP =- highest number of total claims paid for, if greater than 20    **Multiple Dependent Claims**    \$180    **Fee Paid (\$)**    \$0

**Indep. Claims**    6 - 6 = 0    **Extra Claims**    0 x \$100 = \$0    **Fee Paid (\$)**    \$0

HP =- highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

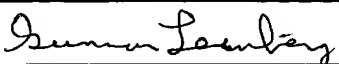
**Total Sheets**               - 100 =            / 50 =            (round up to a whole number) x            =               **Fee Paid (\$)**              

**4. OTHER FEE(S)**

Non-English Specification,    \$130 fee (no small entity discount)              

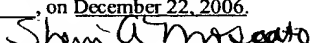
Other:                         

**SUBMITTED BY**

Signature		Registration No.	35,584
		(Attorney/Agent)	
Name (Print/Type)	Gunnar G. Leinberg	Telephone	(585) 263-1014
		Date	December 22, 2006

**CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at           , on December 22, 2006.

Signature: 

Name: Sherri A. Moscato

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



PATENT  
Docket No.: 1819/100071

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant	:	Jeff B. Pelz	)	Examiner:
			)	James M. Hannett
Serial No.	:	09/545,577	)	
			)	Art Unit:
Cnfrm. No.	:	9733	)	2612
			)	
Filed	:	April 7, 2000	)	
			)	
For	:	METHOD AND SYSTEM FOR REDUCING	)	
		NOISE IN A DIGITAL IMAGE AND	)	
		APPARATUS THEREOF	)	

---

**AMENDMENT**

**Mail Stop AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the October 19, 2006, office action, please amend the above-identified patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 10 of this paper.